



# Board of Medical Licensure and Discipline

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Educational Session  
May 10, 2006  
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## Today's Presentation

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- What is "accreditation" and why is it important?
- Who provides accreditation services?
- How is accreditation achieved?



## What – Who?

- Accreditation is a mechanism to demonstrate compliance with standards for organizational structures (e.g., Governing Body, Medical Staff) and processes for providing care and service to patients
  - *Assumption:* compliance with these standards will facilitate safe patient care and positive clinical outcomes
  - *Audiences:* community, payors, clinicians, regulators



## What – Who?

- Major accrediting organization for vast majority of U.S. hospitals: **JCAHO** (Joint Commission on Accreditation of Healthcare Organizations)
  - *Private, non-profit organization formed in 1950's as partnership of AHA and American College of Surgeons*
  - *International in scope, accredits other types of healthcare facilities and programs*
  - *Publishes minimum standards and additional patient safety goals designed to prevent adverse events*



## Why?

- “Voluntary” process – but.....
  - Licensure requirement for all RI hospitals
  - JCAHO has “deemed” status from CMS
    - *Accreditation is required in order to participate in the Medicare/Medicaid program*
    - *If not JCAHO-accredited, hospital is subject to CMS Conditions of Participation Survey*
  - Standards are generally viewed as “minimum” requirements for safe and effective patient care
    - *Loss of accreditation → Loss of public confidence*



## How?

- Hospital submits application for accreditation
- Survey team spends multiple days at the hospital assessing compliance with the standards and patient safety goals
  - *Length of survey varies by size and complexity of the organization*
  - *Survey team: physician, nurse, administrator, life safety code engineer*
  - *If areas of non-compliance are identified, hospital must submit a corrective action plan and follow-up data to verify that compliance has been sustained*



## How?

- Accreditation process has undergone major changes over past 15 years:
  - *Focus on individual departments → Focus on processes by which patient care is delivered*
  - *Emphasis on policies and procedures → Significant interaction with staff: "Tell me how you perform your job"*
  - *Requirement for submission of actual performance data that measures how well hospital delivers care for patients with certain diagnoses ("Core Measures"): publicly posted on JCAHO website*



## How?

- Accreditation process has undergone major changes over past 15 years:
  - *30 day notice of survey dates → 1 hour notice*
  - *Every 3 years—cycle → Random unannounced surveys*
  - *Little or no patient interaction → "Tracer" visits*
    - *JCAHO identifies major patient populations served by the hospital*
    - *Patients are selected at random on each day of the survey; surveyor may choose to interview the patient*
    - *Each patient's care is "traced": every area where the patient has received care is assessed by the surveyor*



## The Future...

- Continued alignment between CMS and JCAHO re: requirements for submission of performance data
  - *Patient satisfaction data in late 2007 on [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)*
- Continued development of Patient Safety Goals
  - *"Rapid Response Teams" ?*
  - *Medication Bar Coding systems?*